

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

ATX7CP4D15CNRCE

In re Application of John J. HARRINGTON *et al.*Application Number
09/760897-Conf. #3522Filed
January 17, 2001For COMPOSITIONS AND METHODS FOR NON-TARGETED
ACTIVATION OF ENDOGENOUS GENES

Art Unit 1632

Examiner SHUKLA, Ram R.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 37,320

July 21, 2004

Date

(617) 227-7400

Telephone Number

Signature

Cynthia L. Kanik, Ph.D.

Typed or printed name

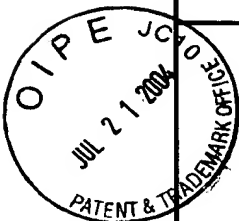
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

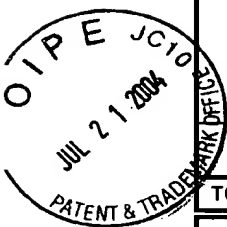
☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378818405 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 21, 2004

Signature:  (Cynthia L. Kanik, Ph.D.)





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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 475.00

Complete if Known

Application Number	09/760897-Conf. #3522
Filing Date	January 17, 2001
First Named Inventor	John J. HARRINGTON
Examiner Name	SHUKLA, Ram R.
Art Unit	1632
Attorney Docket No.	ATX7CP4D15CNRCE

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

12-0080

Deposit Account Name

Lahive & Cockfield, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

1001 770 2001 385

1002 340 2002 170

1003 530 2003 265

1004 770 2004 385

1005 160 2005 80

Fee Description

Fee Paid

Utility filing fee

Design filing fee

Plant filing fee

Reissue filing fee

Provisional filing fee

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 12 -12** = 0 x 0 = 0.00

Independent Claims 8 -8** = 0 x 0 = 0.00

Multiple Dependent 0 = 0

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

1202 18 2202 9

1201 86 2201 43

1203 290 2203 145

1204 86 2204 43

1205 18 2205 9

Fee Description

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim, if not paid

** Reissue independent claims over original patent

** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

1051 130 2051 65

1052 50 2052 25

1053 130 2053 130

1812 2,520 2053 130

1804 920* 2053 130

1805 1,840* 2053 130

1251 110 2251 55

1252 420 2252 210

1253 950 2253 475

1254 1,480 2254 740

1255 2,010 2255 1,005

1401 330 2401 165

1402 330 2402 165

1403 290 2403 145

1451 1,510 2451 1,510

1452 110 2452 55

1453 1,330 2453 665

1501 1,330 2501 665

1502 480 2502 240

1503 640 2503 320

1460 130 2460 130

1807 50 2460 130

1806 180 2460 130

8021 40 2460 130

1809 770 2809 385

1810 770 2810 385

1801 770 2801 385

1802 900 2802 900

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 475.00

SUBMITTED BY

Name (Print/Type) Cynthia L. Kanik, Ph.D.

Signature

Registration No.

(Attorney/Agent)

37,320

(Complete if applicable)

Telephone (617) 227-7400

Date July 21, 2004

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